



JUANITA PUENTE
RISK MANAGER

RISK MANAGEMENT
1110 WASHINGTON, SUITE 204
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May 7, 2003

Dear Webb County Employee,

In an effort to comply with the obligations imposed by the Health Insurance Portability and Accountability Act (HIPAA), a copy of Webb County's Notice of Privacy Practices has been mailed to all Webb County employees.

This notice describes your rights and our obligations regarding the use and disclosure of your "Protected Health Information".

For further details, please read the notice carefully.

Sincerely,

Juanita Puente
Risk Manager
Risk Management Department
Webb County, Texas

Enclosure

XC: Office File

WEBB COUNTY

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

- A Federal Regulation known as the “HIPAA Privacy Rule” requires that Webb County to provide detailed notice in writing of its privacy practices.

I.

COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this notice, we describe the ways that Webb County may use and disclose health information about you. The HIPAA Privacy Rule requires that Webb County protect the privacy of health information that identifies an individual or where there is a reasonable basis to believe the information can be used to identify an individual. This information is called “Protected Health Information” (PHI). This notice describes your rights and our obligations regarding the use and disclosure of PHI. Webb County is required by law to:

- Maintain the privacy of PHI about you;
- Give you this notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our notice of privacy practices that is currently in effect.

II.

USE AND DISCLOSURE OF HEALTH INFORMATION

Webb County provides health coverage for its officers, employees (and their dependents). Webb County is subject to the requirements of the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Privacy Rule published by the United States Department of Health and Human Services at 45 CFR §§ 160 – 164 (“Privacy Rule”). HIPAA and the Rule regulate Webb County’s use of your protected health information.

Webb County may use your protected health information for purposes of making or obtaining payment for your care and conducting health care operations. Webb County has established a policy to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT GETTING AN AUTHORIZATION FROM YOU OR GIVING YOU A CHANCE TO AGREE OR OBJECT TO THE DISCLOSURE:

A. To Make or Obtain Payment.

Webb County may use and disclose PHI so that Webb County can bill, collect and remit premiums and eligibility information to your designated health benefit carrier with Webb County. For example, Webb County must provide your health carrier with periodic reports showing that you are eligible for benefits and have paid your premiums for their coverage. Webb County may use and disclose PHI when you apply for any insurance coverage that requires you to provide a medical history. Webb County may use and disclose PHI when you apply for disability retirement or disability benefits that require you to provide your detailed medical records. Webb County may use and disclose your PHI to

verify your health benefit enrollment to a health benefit carrier or health care provider when you seek medical treatment or care. Webb County may use and disclose your PHI to an insurance carrier that provides you with, or has previously provided you with, additional health coverage. Webb County may use and disclose your PHI to the members of a health plan grievance review panel convened at your request to consider the denial of a medical claim by our third-party administrator.

B. To Conduct Health Care Operations.

Webb County may use or disclose health information for its own health care operations, to facilitate the administration, and as necessary to provide coverage and services to all of Webb County's participants. Webb County may use and disclose PHI to our consulting actuary when we evaluate the cost of our health plans and determine premiums. For example, Webb County periodically reviews large medical claims in detail to determine cost patterns and their impact on our health plan costs. Webb County may use and disclose PHI to a third-party claims reviewer who has contracted with Webb County to audit claim payments. Webb County may use and disclose your PHI to provide training to new employees who work with PHI within the scope of their employment in Webb County. Webb County may use PHI to conduct case management reviews, to review and assess the quality of the various components of Webb County's Health Care Plans, and the utilized health care providers, or to engage in customer service and grievance resolution activities.

C. For Treatment Alternatives.

Webb County may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

D. For Distribution of Health-Related Benefits and Services.

Webb County may use or disclose PHI to provide to you information on health-related benefits and services that may be of interest to you.

E. For Disclosure to the Plan Sponsor.

Webb County may disclose PHI to its health plan sponsor as necessary for the plan sponsor to perform administration functions on behalf of the Plan. Webb County may provide summary health information to its plan sponsor so that the plan sponsor may solicit premium bids from health insurers or modify, amend or terminate the plan. Webb County also may disclose to the plan sponsor information on whether you are participating in the health plan.

III.

OTHER USES AND DISCLOSURES WEBB COUNTY CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

Webb County may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

A. When Legally Required.

Webb County may use and disclose PHI as required by federal, state, or local law. Any disclosures must comply with the law and is limited to the requirements of the law.

B. To Conduct Health Oversight Activities.

Webb County may disclose PHI to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Webb County, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

C. In Connection With Judicial and Administrative Proceedings.

Webb County may disclose PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Webb County makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

D. For Law Enforcement Purposes.

As permitted or required by state law, Webb County may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that Webb County suspects was the result of criminal conduct;
- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed at the workplace; or
- In response to a medical emergency not occurring at the workplace, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

E. In the Event of a Serious Threat to Health or Safety.

Webb County may, consistent with applicable law and ethical standards of conduct, disclose PHI if Webb County, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public. This disclosure can be made only to a person who is able to help prevent the threat.

F. For Specialized Government Functions.

We may be required to disclose PHI to federal authorities. Federal regulations require Webb County to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

G. For Worker's Compensation.

Webb County may release PHI to the extent necessary to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

H. Public Health Activities.

Webb County may disclose PHI to a public health authority authorized by law to collect such information to prevent or control disease, injury, or disability, and to report such information as birth or death, the conduct of public health surveillance and public health investigations. Webb County also may disclose PHI to an appropriate government authority authorized to receive reports about child abuse. Webb County also may disclose PHI to a person responsible for activities related to the quality, safety and effectiveness of products regulated by the federal Food and Drug Administration. Webb County may disclose PHI to a government authority if there is a reasonable belief that you are a victim of abuse, neglect, or domestic violence.

IV. AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, Webb County will not disclose your health information unless you give us your written authorization. If you authorize Webb County to use or disclose your PHI, you may revoke that authorization in writing at any time, unless Webb County has taken an action based on your authorization.

Under federal law, you have the following rights regarding your health information (PHI) that Webb County maintains:

A. Right to Request Restrictions.

You have the right to request additional restrictions on the PHI that Webb County may use for payment and health care operations. You may also request additional restrictions of Webb County's disclosure of PHI to certain individuals involved in your care or benefit coverage that otherwise are permitted by the Privacy Rule. Webb County is not required to agree to your request, but will certainly consider it. If Webb County does agree to your request, Webb County is required to comply with our agreement except in certain cases, including where the information is needed to treat you or verify coverage in the case of an emergency. If you wish to make a request for restrictions, please contact

Ms. Juanita Puente, Webb County Risk Manager, 1110 Washington, Suite 204, Laredo, Texas, 78040, 956 523-4143, Fax 956-523-5012.

B. Right to Receive Confidential Communications.

You have the right to request that Webb County communicate with you regarding PHI in a certain way if you feel it is necessary to protect your interests. For example, you may ask that Webb County only communicate with you at a certain telephone number or by e-mail, or you may request that Webb County contact you at home, rather than at work. If you wish to receive confidential communications, please make your request in writing to, **Ms. Juanita Puente, Webb County Risk Manager, 1110 Washington, Suite 204, Laredo, Texas, 78040, Fax 956-523-5012.** Webb County will honor your reasonable requests for confidential communications.

C. Right to Inspect and Copy Your Health Information.

You have the right to inspect and copy your PHI. This includes your insurance and billing records but does not include information gathered or prepared for a civil, criminal, or administrative proceeding. Webb County may deny your request to inspect and copy PHI only in limited circumstances. A request to inspect and copy records containing your health information must be made in writing to **Ms. Juanita Puente, Webb County Risk Manager, 1110 Washington, Suite 204, Laredo, Texas, 78040, Fax 956-523-5012.** If you request a copy of your health information, Webb County may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

D. Right to Amend Your Health Information.

If you believe that your PHI is inaccurate or incomplete, you may request that Webb County amend any records in its possession. A request for an amendment of records must be made in writing, must express a reason the records should be amended, and must be sent to **Ms. Juanita Puente, Webb County Risk Manager, 1110 Washington, Suite 204, Laredo, Texas, 78040, Fax 956-523-5012**. Webb County may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by Webb County, if the information requested is not part of a designated record set, if the health information you are requesting to amend is not part of Webb County's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy (including information compiled for or in anticipation of a civil, criminal or administrative proceeding), or if Webb County determines the records containing your health information are accurate and complete.

E. Right to an Accounting.

The Privacy Rule requires Webb County to keep a record of certain disclosures of health information, such as disclosures for public purposes authorized by law or disclosures that are not in accordance with Webb County's privacy policies and applicable law. You have the right to request a copy of this record. The request must be made in writing to **Ms. Juanita Puente, Webb County Risk Manager, 1110 Washington, Suite 204, Laredo, Texas, 78040, Fax 956-523-5012**. The request should specify the time period for which you are requesting the information. Accounting requests may not be made for periods of time going back more than six (6) years. Webb County will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. Webb County will inform you in advance of the fee, if applicable.

F. Right to a Paper Copy of this Notice.

You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact **Ms. Juanita Puente, Webb County Risk Manager, 1110 Washington, Suite 204, Laredo, Texas, 78040, Fax 956-523-5012**. You also may view a copy of the current version of Webb County's Privacy Notice at the Web site, <http://www.webbcounty.com>.

**V.
DUTIES OF WEBB COUNTY**

Webb County is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. Webb County is required to abide by the terms of this Notice, which may be amended from time to time. Webb County reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If Webb County changes its policies and procedures, Webb County will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to Webb County and to the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201, if you believe that your privacy rights have been violated. Any complaints to Webb County should be made in writing to **Ms. Juanita Puente, Webb County Risk Manager, 1110 Washington, Suite 204, Laredo, Texas, 78040, Fax 956-523-5012**. Webb County encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

Webb County has designated its Risk Manager, Ms. Juanita Puente, *Privacy Official*, as its contact person for all issues regarding your privacy rights. You may contact her at 1110 Washington Street, Suite 204, Laredo, Texas, 78040, Fax 956-523-5012.

EFFECTIVE DATE

This Notice is effective **April 14, 2003**.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT Ms. Juanita Puente, *Webb County's Privacy Official, Laredo, Texas 78040, (956) 523-4143.*